

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/506749

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
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66					1	
67					1	
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87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					46	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS